

All-Health Team Application

Join the All-Health Team!

Do your part to promote health in your school and community!

All-Health Team wants South Carolina's young people in grades K-12 to learn about and promote a healthy and safe lifestyle. Each year, All-Health Team awards more than \$14,000 for initiatives promoting health and safe practices through awareness and hands-on projects. Young people and adult leaders in schools, community organizations and churches are eligible to apply.

By doing your part to promote health, you could win **\$500** and a **30-second TV commercial!**

Application directions:

To complete this application by hand:

- Please type or print with ink.
- Use additional pages as needed.

To complete this application using a computer:

- Save a copy of the form to your computer.
- Type in the requested information.

To submit an application:

- Mail the completed application and any supplemental materials to the All-Health Team by the **first** of the month, 1800 Saint Julian Place, Columbia, SC 29204 or
- Email the completed document as an attachment to allhealthteam@dhec.sc.gov. Supplemental material may be sent via email or mailed to All-Health Team, 1800 Saint Julian Place, Columbia, SC 29204. Your information must be mailed if your application and supporting documents exceeds 5 megabytes.
- If you have any questions about the application or cannot access the electronic version and would like to request a printed copy, call the All-Health Team coordinator at (803) 545-4501.



established 2003
South Carolina



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Please check one of the following:

- ☐ I am a teacher of K-12 students in South Carolina.
- ☐ I am a student in grades K-12 in South Carolina.
- ☐ I work with students K-12 outside of a school setting.

1. Introduction

Project title: _____

Name: _____

Organization type: ☐ Community group ☐ Faith group ☐ School group

Project coordinator's information:

Individual's name: _____

Organization's name: _____

Mailing address: _____

Telephone number: _____ E-mail address: _____

Project participants:

Number of Teachers/adult leaders: _____ Number of Children/adolescents/teenagers: _____

2. Local Health Issue

What is the health issue being addressed?

Why is this issue a problem?

Who is being adversely impacted by the health problem?

What data supports the need to address the health issue?

3. Project Intervention

What efforts/activities are currently being done to address the health issue you are focusing on in your project?

If awarded, how would you expand these efforts/activities?

Why were these project efforts/activities selected? (*i.e., other models, statistics, surveys, etc.*)

What evidence/information do you have to support the effectiveness of the selected efforts/activities?

Who is your target audience?

How often will the targeted individuals receive project services? (*i.e., daily, weekly, monthly, etc.*)

How many individuals will be impacted or potentially impacted by your project?

When did project efforts/activities begin and end?

How will the project utilize the \$500 received for being selected a Monthly All-Health Team? Please provide a brief budget.

4. Project Impact

What are the project's realistic and specific goal(s)?

How will the goal(s) be measured? (*i.e., surveys, participation, pre/post tests, measurements, etc.*)

How will you share information about your project services, benefits with others in your school, church or community? (*i.e., radio, TV, newspaper, bulletins, newsletters, Web sites, church announcements, PTA, meetings, etc.*)

5. Project Agreements

If you agree, please print or type your initials after each of the following statements:

1. I have the support and approval of my school administrator. (For schools only). _____
2. If the project is selected, we agree to use the funds in direct support of project efforts/activities as outlined in the 'Program Intervention Section' of the application. _____
3. If the project is selected as a monthly winner, participants will attend and participate in the All Health Team's year-end annual awards ceremony held in May in Columbia SC. _____
4. If the project is selected as a monthly winner, we agree to submit a (1) page 'success story' about the project by April 15. (All-Health Team coordinator will provide you with instructions and samples). _____
5. If the project is selected as monthly winner, we agree to submit an itemized budget by April 15th outlining how the project would utilize the \$5,000 grand prize. _____
6. If the project is selected as the year end 1st, 2nd or 3rd First Team All-Health winner, we agree to submit a follow-up one-(1) page 'success story' by the following April 15th, and participate (as needed) in the next year's All Health Team Awards Ceremony. _____

6. All-Health Team Promotion

How did you hear about the All-Health Team?

- ☐ TV ☐ Web site ☐ Newspaper ☐ Conference/workshop/meeting ☐ Flyer
☐ Word of mouth ☐ Other: _____